## 1.PERMIT APPLICATION NUMBER: 2. New facility? Yes No 🗌 3. Upgrade to an existing facility? Yes No $\square$ 4. If upgrade to an existing facility, is kitchen area and/or food preparation area effected? Yes No 5. Name of Facility: 6. Address: 7.City: State: TN 8.Zip Code: 9.Phone #: Fax #: **Authorized Representative Information** 10. Contact Name: 11.Title: (Mr) (Ms) 12.Phone #: Email address: **FACILITY INFORMATION** 13.Available Seating: \_\_\_\_ 14. # of Employees:\_\_\_\_\_ 15. Approximate # of meals served/day:\_\_\_ 16. Days and Hours of Operation: 17. Describe type of foods that will be served: **18. KITCHEN FIXTURES** (mark all that apply and include number & if applicable the drain size for each one marked) drain size drain size (inches-(inches-# diameter) diameter) 3 Compartment Sink Floor sink 2 Compartment Sink Wok NA Hand Sink NA Fryer(s) Dishwasher Grill NA NA Mop Sink Stove/Oven Floor Drains Other: 19. Grease Recycle Bin/Container available?: Yes No 🗌 No ∐ 20. Have reviewed Best Mgt. Practices(BMPs) for Fats, oils and grease control? Yes L **Grease Control Equipment** \*Refer to Instruction Cover sheet "Questions 21 through 23" 21. Type of Grease Control Equipment Proposed? Floor Trap Interceptor Undersink Trap 22. Attached copy of calculations for Grease Control Equipment Sizing? Enclosed Other(describe):\_ 23. Size of proposed grease control equipment? 500 gallons 1000 gallons 1500 gallons 2000 gallons 750 gallons ☐ Two Interceptors in Series: Size of Each Tank\_\_\_\_\_ gallons 20gpm/40pound 25gpm/50pound 35gpm/70pound 50gpm/100pound 24. Attach copy of plumbing plans for kitchen area and food preparation area only. 25. SUBMITTAL OF FORM: Email to juand@franklintn.gov or, Fax to: 615- 791-3208 , ATTN: FOG Program or,

City of Franklin Food Service Establishment - Grease Control Equipment Inquiry

Mail to: City of Franklin WWTP, Attn: Juan Davis, 135 Claude Yates Dr, Franklin, TN 37064